Name in Full

Certificate of Death

Geo H Buckwalt

Died at Town: Chewsville County: Washington MARYLAND

Date 1904 Month: Aug Day: 24 | Age Y. 12 M. — D. — | Native of Md | Occupation —

Male / Female (Female) | White / Colored (Colored) | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death — Primary

Immediate Accidentally Drowning

How long sick

Accident, Suicide, Homicide

Reported by A. M. Ruby M D

Address Chewsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mary A Beckwith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Potomac — County: Montg

Date of death: Month: 8 — Day: 12 — 1904

Age — Years: 18 — Months: 6 — Days: 15

Sex: Female — Color or Race: Negro — Birthplace: Sugar Land

Occupation: School girl — Where Residing if not at place of death: Washington D.C.

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Beckwith — Father's Birthplace: Sugar Land

Mother's Maiden Name: Jane Lee — Mother's Birthplace: —

Name of person giving Information: Levi Mason — How related to deceased: Brother-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus — How long: 6 mo.

Immediate: Diabetic Coma. — How long: 2 da.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H D Mouse M D

Address: Dawsonville Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88616

Name in Full: John Boswell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Colesville — County: Montgomery

Date of death: Month: Aug — Day: 28 — Year: 1904 — Age: 21 — Months: 2 — Days: 7

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Reymus Boswell — Father's Birthplace: Md.

Mother's Maiden Name: Charity Lancaster — Mother's Birthplace: Md.

Name of person giving information: John Lancaster. — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 18 mos.

Immediate: Asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. T. Brown

Address:

Accident or Suicide?

LIBRARY BUREAU A86816

Name in Full: Geo Robert Bowman Jr

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Kensington — County: Montgomery

Date of death 1904 — Month: Aug — Day: 25 — Age — Years: — Months: 5 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: ~ — Where Residing if not at place of death: ~

Married, Single or Widowed: Single — Name of Wife or Husband: ~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo Robert Bowman — Father's Birthplace: Md

Mother's Maiden Name: Agnes K Gleason — Mother's Birthplace: Md

Name of person giving In formation: Agnes K. Bowman — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 mos

Immediate: Exhaustion — How long: ~

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. L. Lewis

Address: Kensington Md

Accident or Suicide? ~

LIBRARY BUREAU A8851

Name in Full: Edwd Burroughs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dan. Montrose — County: Montgomery

Date of death: Month: 8 — Day: 28 — 1904

Age: Years: x — Months: x — Days: 11

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: x — Where Residing if not at place of death: x

Married, Single or Widowed: x — Name of Wife or Husband: x

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edwd Burrough — Father's Birthplace: Md

Mother's Maiden Name: Mc Anny Richards — Mother's Birthplace: Md

Name of person giving Information: Edwd Burroughs — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tetanus — How long: 4 days

Immediate: Ep Lumbaire — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. M. Linthicum

Address: Rockville Md

Accident or Suicide? x

LIBRARY BUREAU A8881G

Name in Full: Isaac Burrough Sr

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Rockville — County: Montgomery

Date of death: 1904 — Month: aug. — Day: 7

Age — Years: 74 — Months: 5 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death: X

Married, Single or Widowed: Married — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis & Valvular disease of Heart — How long: 1 or 2 yrs

Immediate: Exhaustion — How long: X

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. M. Linthicum

Address: Rockville Md

Accident or Suicide? No

LIBRARY BUREAU A66316

Name in Full Jno. Owen Crehan

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Kensington — County: Montgomery — MARYLAND

Date of death 1904 — Month: Aug — Day: 28 — Age — Years: 1 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jno E Crehan — Father's Birthplace: N. Y.

Mother's Maiden Name: Lottie V Bishop — Mother's Birthplace: Md

Name of person giving In formation: Jno E Crehan — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 8 weeks

Immediate: Acute Diarrhoea — How long: 4 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Jones

Address: Kensington Md

Accident or Suicide? No

LIBRARY BUREAU A88815

Name in Full

Ce tificate of Death

Caroline Farnham Curtiss

Town

County

Died at

MARYLAND

Date 1914	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Aug	1		59		1		Housewife

Male / Female

White / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~

Number of children living 7

Husband of / Wife Wright Curtiss

Father's Name Robert Farnham

Mother's Maiden Name Jane Blanchard

Cause of Death — Primary: Carcinoma — How long sick: 2 yrs

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by Alfred T. Parsons

Address Takoma Park D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1989

Name In Full — Certificate of Death

Wright Curtiss

Died at — Town: Hordside — County: Montgomery Co — MARYLAND

Date 1904 — Month Day: Aug. 16 — Age: Y. 64. M. 7 D. — Native of: Conn. — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widower / ~~Divorced~~ — Number of children living: 7

Husband / Wife of: Peter Curtiss

Father's Name: Peter Curtiss — Mother's Maiden Name: Mary Sivers

Cause of Death — Primary: 64 — How long sick:

Immediate: Cerebral Hemorrhage — Accident, Suicide, Homicide:

Reported by: Alfred T. Watsons

Address: Takoma Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79835

Name in Full: Mariah Duffin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boyds; County: Monty

Date of death: Month: 8; Day: 14; 1904; Age: Years: 75; Months: —; Days: —

Sex: Female; Color or Race: Negro; Birthplace: —

Occupation: Day Laborer; Where Residing if not at place of death: —

Married / Widowed; Name of Wife or Husband: Henry Duffin

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Imformation: —; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Endocarditis; How long: —

Immediate: Asthenia; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: U. D. Towne M. D.

Address: Dawsonville Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full

Certificate of Death

Carlton Dorsey Ervin

Died at Town: Oakdale County: Mont's MARYLAND

Date 1904 Month: Aug. Day: 16th | Age Y.: — M.: 11 D.: 8 | Native of: Md. | Occupation:

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living

Husband of

Wife

Father's Name: Edgar Ervin

Mother's Maiden Name: Mary Elizabeth Thompson

Cause of Death — Primary: Cholera Infantum

Immediate: Convulsions

How long sick: 6 days

~~Accident, Suicide, Homicide~~

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Reported by: Roger Brooks

Address: Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79893

Name in Full: Benj C. Gott Jr

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Boyds; County: Montgomery

Date of death 190 4: Month: August; Day: 2nd; Age: Years: 1; Months: three; Days: 19

Sex: Male; Color or Race: White; Birthplace: Boyds

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: Benj C Gott; Father's Birthplace: Boyds Md

Mother's Maiden Name: Daisy Mordecai; Mother's Birthplace:

Name of person giving Information: J.R. Gott; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileo Colitis; How long: two weeks

Immediate: Heart failure; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J.F. Somerville

Address: Barnesville

Accident or Suicide:

LIBRARY BUREAU A33516

Name in Full: Leri A. Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Rockville — County: Montgomery

Date of death 1904: Month: 8 — Day: 15

Age: Years: — Months: 6 — Days: 15

Sex:

Color or Race: Colored

Birthplace: Maryland

Married, Single or Widowed: Single

Occupation: None

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: Maryland

Mother's Maiden Name: Ada Green

Mother's Birthplace: Maryland

Name of person giving Information: Ada Green

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diarrhea — How long: One month

Immediate: Exhaustion — How long: Two days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson M.D.

Address: Rockville, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full William Gunnell

Certificate of Death

Town Seneca County Montg. MARYLAND

Died at Seneca

Date 1894 Month Aug Day

Age Y. 60. M. 4 D.

Native of Virginia

Occupation Trader

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~

Number of children living 3.

~~Wife~~ Husband of

Father's ~~Name~~ Not known

Mother's ~~Name~~ Not known

Cause of Death: Primary Carcinoma of stomach

How long sick 6. mo.

Immediate Exanition

Accident, Suicide, Homicide

Reported by C. H. Nourse M.D.

Address Dawsonville Montg Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full: Daniel Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville — County: Montgomery

Date of death: Month: Aug. — Day: 10 — 1904

Age: Years — Months — Days

Sex: Male — Color or Race: Black — Birthplace:

Occupation: Laborer — Where Residing if not at place of death: Near Rockville

Married, Single or Widowed: Married — Name of Wife or Husband: Martha Norris

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease & Chronic Nephritis — How long: 2 yrs

Immediate: Uremic Poisoning — How long: 2 or 3 mos

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: O M Linthicum

Address: Rockville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full — Edward Hastings — Certificate of Death

Died at — Town: Bethesda — County: Montgomery — MARYLAND

Date 1904 — Month: Aug. — Day: 4 — Age: Y. 60 M. - D. - — Native of: Md — Occupation: Train Engineer

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: 2

Husband of Mary Hastings

~~Wife~~

Father's Name: - — Mother's Name: -

Cause of Death — Primary: Locomotor Ataxia — How long sick: 5 years

Immediate: Apoplexy — ~~Accident, Suicide, Homicide~~

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Reported by John L. Lewis, M.D.

Address Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FF1165

Name in Full

Certificate of Death

Mrs. Sidney Claire Hutton

Died Near Town Brookville County Montg MARYLAND

Date 1894 Month Aug. Day 26 Age Y. 88 M. 2 D. 18 Native of France Occupation Housewife

~~Male~~ / Female White / ~~Colored~~ ~~Married~~ / ~~Single~~ Widow / ~~Widower~~ ~~Divorced~~

Number of children living 3

~~Husband~~ / Wife of Rev. Olando Hutton

Father's Name Wm. Buchanan

Mother's Name Marie Amelie Louise Buchanan

Cause of Death — Primary Gastric Carcinoma — How long sick 7 or 8 mos.

Immediate

~~Accident, Suicide, Homicide~~

Reported by Dr. W. F. Green

Address Brookville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full: Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Marbleisburg — County: Montgomery

Date of death: 1904 — Month: Augt — Day: 9 — Age: Years: — Months: — Days: 1

Sex: Boy — Color or Race: Negro — Birthplace: Marbleisburg

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Riley Jackson — Father's Birthplace: Washington

Mother's Maiden Name: Maria Lurley — Mother's Birthplace: Marbleisburg

Name of person giving Imformation: Nathan Scott — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Hall Jackson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Seneca; County: Montg

Date of death: Month: 1904 Day: 22

Age: Years: 60 Months: Days:

Sex: Male Color or Race: Negro Birthplace: Poolesville Md

Occupation: Laborer Where Residing If not at place of death: Seneca.

Married, Single or Widowed: Married Name of Wife or Husband: Emily Hall.

Father's Name: Do not know. Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Imformation: Henry Jackson How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach How long: 6 Mo.

Immediate: Asthenia How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature Physician: H. D. Towse M.D.

Address: Dawsonville Montg Co Md.

Accident or Suicide?

LIBRARY BUREAU A80016

Name in Full: Susan Ann Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Spencerville — County: Monty

Date of death 1904 — Month: May — Day: 30 — Age — Years: 74 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Va

Occupation: Home Wife — Where Residing if not at place of death: Spencerville

Married, Single, or Widowed: Married — Name of Wife or Husband

Father's Name: Tom Spencer — Father's Birthplace: Va

Mother's Maiden Name — Mother's Birthplace: Va

Name of person giving Information: Lital Heart — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility 7 — How long: 2 months

Immediate: Heart failure — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. R. Dutton

Address: Spencerville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Bertha E. Garbor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Takoma Park; County: Montgomery

Date of death 190 4: Month: Aug.; Day: 4; Age: Years —; Months: 4; Days —

Sex: female; Color or Race: white; Birthplace: Takoma Park

Married, Single or Widowed: —; Occupation:

Name of Wife or Husband: —

Father's Name: Frederick C. Garbor; Father's Birthplace: Md

Mother's Maiden Name: Mary J. Kendall; Mother's Birthplace: Md

Name of person giving information: Fred. C. Garbor; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: 4 months

Immediate: Diarrhoea; How long: 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alfred T. Parsons

Address: Takoma Park D.C.

Accident or Suicide?

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LIBRARY BUREAU A8931S

Name in Full: Susan Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cropley — County: Montg'

Date of death: Month: Aug — Day: 11 — 1904

Age: Years: 50 — Months: X — Days: X

Sex: Female

Color or Race: Negro

Birthplace: Va

Occupation: Housewife

Where Residing if not at place of death: X

Married, Single or Widowed: Married

Name of Wife or Husband: John Johnson

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving Information: Grady Diggs

How related to deceased: no

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights Disease — How long: About 10 years

Immediate: Uraemia — How long: 5 days —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. J. Pratt M.D.

Address: Poolesville Md.

Accident or Suicide? X

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Harold Anthony Karmen

Town — County

Died at Bethesda — Montgomery — MARYLAND

Date 1904 — Month Aug — Day 12 — Age Y. 4 M. 22 D. — Native of D C — Occupation

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living

Husband of Wife

Father's Name Unknown — Mother's Name Unknown

Cause of Death — Primary Bronchial Pneumonia — How long sick ?

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by W. B. Lucas, M.D.

Address 1330 L St. N.W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Barbara Walter King

CERTIFICATE OF D...

MARYLAND

Died at: Town: Rockville; County: Montgomery

Date of death: Month: August; Day: 23; 1904; Age: Years: 55; Months: 6; Days: 21

Sex: Female; Color or Race: White; Birthplace: Washington, D.C.

Occupation: Housewife; Where Residing if not at place of death:

Married, ~~Single or Widowed~~: Married; Name of Wife or Husband: Albert King

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Walter; Father's Birthplace: Germany

Mother's Maiden Name: Apfolona Dirigle; Mother's Birthplace: Germany

Name of person giving Imformation: Albert King; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastric carcinoma; How long: 1 year

Immediate: Dyspnea (Coma); How long: 2½ days

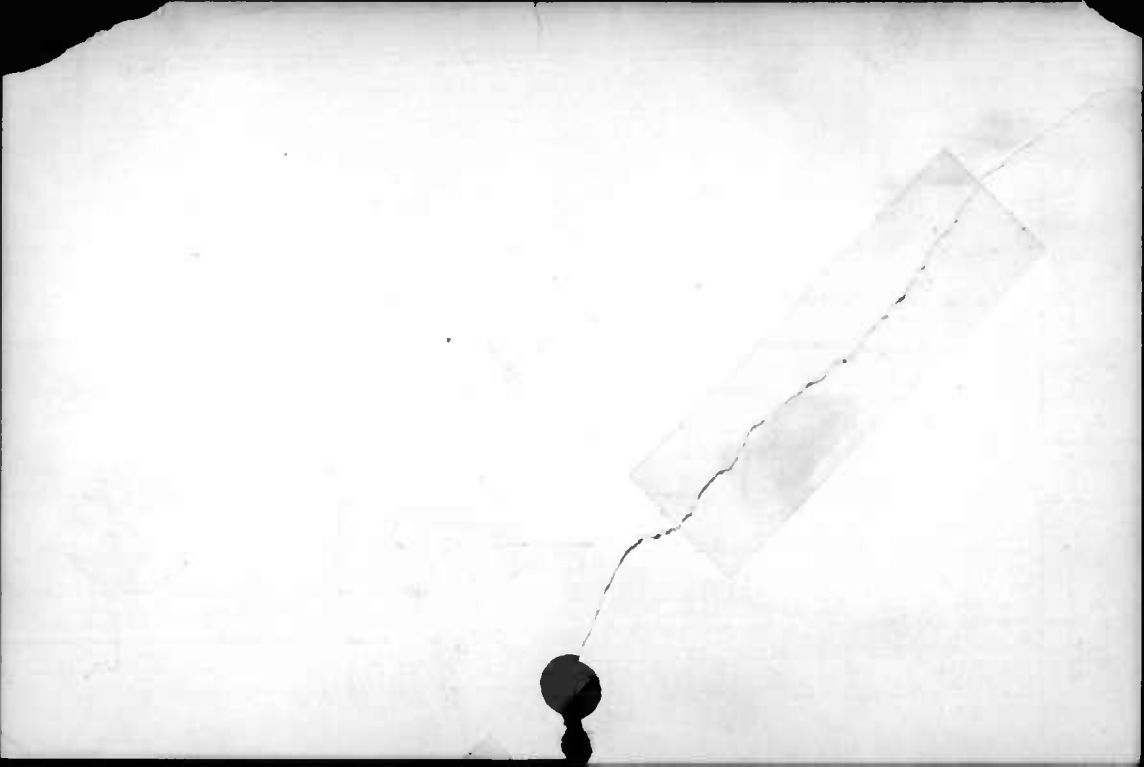
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of physician: George E. Lewis, M.D.

Address: Rockville, Md.

Accident or Suicide?

LIBRARY BUREAU A88816



Name in Full

Certificate of Death

Charles L. King

Town

County

Died at Sandy Spg. Montgomery MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904	8	24	Age 23	4	—	Md

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ Divorced

Number of children living

Husband of Wife

Father's Name John King

Mother's Name Emma King

Cause of Death: Primary Tuberculosis — How long sick 3 years

Immediate Hemorrahage of Lungs — Accident, Suicide, Homicide

Reported by Roger Brooke

Address Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full

Certificate of Death

John Langmon

Died at Town Bethesda County Montgomery MARYLAND

Date 1904 Month Aug Day 9 | Age Y. 20 M. D. | Native of DC | Occupation

Male ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Malnutrition

Immediate Exhaustion

How long sick ?

Accident, Suicide, Homicide

Reported by P. D. Jamison M.D.

Address 533 D St. NW

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 45948

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Glen Echo — (County) Montgomery

Date of death 1904 — Month: Aug — Day: 8 — Age: Years: 1 year — Months — Days

Sex: Female — Color or Race: W — Birthplace: Va

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: Bell Massie

Father's Name: Ruben Massie — Father's Birthplace: Va

Mother's Maiden Name: Bell Harrison — Mother's Birthplace: Va

Name of person giving Information: Bell Massie — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea — How long: 3 weeks

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Anthony McKay

Address: Lemay P.O. D.C.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Ethel Maywood.

Town

County

Died at Bethesda Montgomery MARYLAND

1904

Date ~~1899~~ Month Aug Day 12 | Age Y. 4 M. ? D. | Native of D.C. | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Bronchial Pneumonia — How long sick ?

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by T C Ireland M.D.

Address 1330 14th N.W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Harriet Elizabeth Miles

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairland; County: Montgomery

Date of death: Month: August; Day: 31; Year: 1904

Age: 66 — Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Home wife

Where Residing If not at place of death: at Place of death

Married, Single or ~~Widowed~~

Name of ~~Wife of~~ Husband: Benjamin Miles

Father's Name: Henry Willis

Father's Birthplace: Pennsylvania

Mother's Maiden Name: Hanet Elyabeth Willis

Mother's Birthplace: Md

Name of person giving Information: Henry Miles

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pericarditis

How long: about 4 weeks

Immediate: Prostration

How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. A. Gray

Address: Burtonsville Md

Accident or Suicide?

J. LIBRARY BUREAU A68516

Name in Full

William E. Mossburg.

Certificate of Death

Died at Bethesda Town County Montgomery MARYLAND

Date 1904 Month Aug. Day 24 | Age Y. 0 M. 1 D. 3 | Native of Md. | Occupation ~

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of ~

Father's Name E. C. Mossburg

Mother's Name

Cause of Death: Primary Hemiplegia (Bottle fed) — How long sick 1 month

Immediate Convulsions

~~Accident, Suicide, Homicide~~

Reported by John L. Lewis M.D.

Address Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Splaithful Thomas Mullican

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockville — County: Mont.

Date of death: Month 8, Day 29, 1904 — Age: Years 62, Months, Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Deps. Sheriff — Where Residing if not at place of death: X

Married, Single or Widowed: widower — Name of Wife or Husband: Dead

Father's Name: S. T. Mullican — Father's Birthplace: Montgomery Co Md

Mother's Maiden Name: Ann Dent Rabbitt — Mother's Birthplace: Don't Know

Name of person giving Information: C. P. Mullican — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injury received by being struck by train — How long: Instantly

Immediate: Shock — How long: Few moments

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Luckett

Address: Rockville Md

Accident or Suicide? Accident

LIBRARY BUREAU A88016

Name in Full: Webster Etchison Mullinix

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mullinix — County: Montgomery

Date of death: 1904 — Month: Aug — Day: 4 — Age: Years: 1 — Months: 4 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Mullinix Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Webster Mullinix — Father's Birthplace: Montgomery Co

Mother's Maiden Name: Louisa Etchison — Mother's Birthplace: Damascus " "

Name of person giving information: Louisa Etchison Mullinix — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 days

Immediate: General Prostration — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J H Dyson M.D.

Address: Laytonsville Montgomery Co

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full: Spencer Offutt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockville — County: Montgomery

Date of death: 1904 — Month: August — Day: 1st — Age: Years: 23 — Months: 11 — Days:

Sex: male — Color or Race: Colored — Birthplace: Maryland

Occupation: Teamster — Where Residing if not at place of death: Rockville, Md.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Regin Offutt — Father's Birthplace: Maryland

Mother's Maiden Name: — Mother's Birthplace: Maryland

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis Liver — How long: 6-12 months

Immediate: Asthenia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: George E. Lewis, M.D.

Address: Rockville, Md.

Accident or Suicide?

LIBRARY BUREAU A58010

Name in Full — Esther E. Poston — Certificate of Death

Died at ~~Town~~ Bethesda — County Montgomery — MARYLAND

Date 1904 Month Aug. Day 4 | Age Y. 0 M. 3 D. 27 | Native of Md. | Occupation ✓

~~Male~~ White ~~Married~~ ~~Nyhm~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband / Wife of ✓

Father's Name Harry F. Poston — Mother's Name Fannie E. Poston

Cause of Death — Primary Hamilton (Bottle Fed) — How long sick 3 months

Immediate Convulsions — ~~Accident, Suicide, Homicide~~

Reported by John L. Lewis, M.D.

Address Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, ST263

Name in Full: Raymond Randall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cropley County: Montg'

Date of death: Month: Aug Day: 1st Year: 1904

Age: Years: X Months: X Days: 21

Sex: Male Color or Race: Negro Birthplace: Montg' Co Md.

Occupation: X Where Residing if not at place of death: X

Married, Single or Widowed: Single Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Randall Father's Birthplace: Md

Mother's Maiden Name: Elsie Bowman Mother's Birthplace: Md.

Name of person giving information: Henry Randall How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 5 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: W. J. Pratt. M. D.

Address: Potomac. Md

Accident or Suicide? X

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LIBRARY BUREAU A0516

Name in Full — Certificate of Death

Henry Patterson Randolph.

Town — County

Died at Bethesda — Montgomery — MARYLAND

Date 1914 — Month Aug. — Day 12 — Age Y. 77 M. 9 D. 5 — Native of Virginia — Occupation Gov. Clerk

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living 1

Husband ~~Wife~~ of Ellen C. Randolph

Father's Name ✓

Mother's Name ✓

Cause of Death — Primary: Paralysis — How long sick 3 days

Immediate: Acute Diarrhoea

Accident, Suicide, Homicide

Reported by John L. Lewis, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Neme in Full

Certificate of Death

Samuel Sedgwick

Died at Town: Rockville County: Montgomery MARYLAND

Date Died: Month 8 Dey 10 | Age Y 84 M 6 D | Native of Maryland | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 4

Husband / Wife of Marcilena Wright

Father's Name Jared Sedgwick | Mother's Name Hannah Sedgwick

Cause of Death: Primary Bright's Disease | How long sick 6 months

Immediate Heart complication | Accident, Suicide, Homicide

Reported by Roger Brooke

Address Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19706

Name in Full: Ada May Sellman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poolesville; County: Montgomery

Date of death: 1904; Month: August; Day: 8; Age: Years: 54; Months: 5; Days:

Sex: Female; Color or Race: White; Birthplace: Dickersonville

Occupation: —; Where Residing if not at place of death: Poolesville Md

Married, Single or Widowed; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alvin G Sellman; Father's Birthplace: Dickersons

Mother's Maiden Name: Amanda Simmons; Mother's Birthplace: Middletown

Name of person giving Imformation: " "; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malaria; How long

Immediate: Cerebro-Spinal Meningitis; How long 7 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. C. Smith M D

Address: Dickersonville Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Laura Elizabeth Berry Snowden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville; County: Montgomery

Date of death	Month	Day	Years	Months	Days
1904	Augt	3	Age	8	

Sex: girl | Color or Race: Negro | Birthplace: Baltimore

Occupation: — | Where Residing if not at place of death: Rockville Md

Married, Single or Widowed: — | Name of Wife or Husband: —

Father's Name: | Father's Birthplace:

Mother's Maiden Name: Clara Snowden | Mother's Birthplace: Rockville Md

Name of person giving Imformation: David O'Leland | How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum | How long: 8 months

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Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sadie Anna Maria Snowden.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Olney (County) Montgomery

Date of death 1904 (Month) Aug. (Day) 7 Age (Years) Seven (Months) (Days)

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female | Color or Race: Colored | Birthplace: Montg. Co. Md.

Occupation: Farm hand | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: Thomas Chas. Snowden | Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Emiline Campbell | Mother's Birthplace: Montg. Co. Md.

Name of person giving Information: Perry Snowden | How related to deceased: Grandfather.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflamation of Brain. | How long: About 2 weeks.

Immediate: Hemorrhage | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar.

Address: Olney, Md.

Accident or Suicide?

LIBRARY BUREAU A6B16

Name in Full: George F. Snouffer

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Gaithersburg County: Montgomery

Date of death: Month: Aug. Day: 13 Year: 1904 Age: 64 Months: — Days:

Sex: Male Color or Race: White Birthplace: Frederick Co.

Occupation: Farmer Where Residing if not at place of death: near Gaithersburg

Married, Single or Widowed? Name of Wife or Husband: Mary Snouffer

Father's Name: John P. Snouffer Father's Birthplace: Frederick Co.

Mother's Maiden Name: Frances Hawkins Mother's Birthplace: Frederick Co.

Name of person giving Information: Mrs. H. P. Cramer How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cystitis How long: Two Years

Immediate: Uremia How long: Seventy Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. C. Thompson

Address: Gaithersburg Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary Virginia Williams

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Clopper's (County) Montgomery

Date of death: Month Aug Day 3 Year 1904 Age: Years 70 Months 6 Days 27

Sex: Female Color or Race: white Birthplace: Gaithersville Md

Occupation: Wife of Farmer Where Residing if not at place of death: Clopper's Md

Married, Single or Widowed: Widow Name of Wife or Husband: Zachariah A Williams

Father's Name: Nathan Aden Anderson Father's Birthplace:

Mother's Maiden Name: Ann Henrietta Wilcoxen Mother's Birthplace:

Name of person giving Information: Cornelia J Thompson How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Indigestion 80 How long: 24 hrs.

Immediate: Angina Pectoris How long: 1 hr.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: L. N. Simpers

Address: Germantown Md

Accident or Suicide? —

LIBRARY BUREAU A88810

Name in Full James M. Woodfield — Certificate of Death

Died at Town Bristol — County Prince Georges — MARYLAND

Date 1904 Month Aug Day 10 — Age Y. 52 M. D. — Native of Md — Occupation Farmer

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 3

~~Husband~~ ~~Wife~~ of Virginia Woodfield

Father's Name X — Mother's Name X

Cause of Death: Primary — Immediate Strangulation — How long sick Sudden

~~Accident~~, Suicide, ~~Homicide~~

Reported by R. Beall

Address Clinton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Florence Wright

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near (Town) Sandy Spring (County) Montgomery

Date of death 1904 (Month) Aug. (Day) 12

Age (Years) 26 (Months) — (Days) 2

Sex Female

Color or Race Colored

Birthplace Montg. Co. Md.

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband George Wright

Father's Name Charles Johnson

Father's Birthplace Montg. Co. Md.

Mother's Maiden Name

Mother's Birthplace Montg. Co. Md.

Name of person giving Information Wm. Eli Thomas

How related to deceased No relation.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cerebro Spinal Meningitis

How long About one week

Immediate Asthenia.

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. Torquhar M. D.

Address Olney Md.

Accident or Suicide?

LIBRARY BUREAU A36516

Name in Full

Certificate of Death

Town

County

Died at Frankish Worcester Co MARYLAND

Month Day Y. M. D. Native of Occupation

Date 189 Aug 4 Age 3

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Indigestion 104

Immediate: Starvation

How long sick Since birth

Accident, Suicide, Homicide

Reported by Dr. H. Towne M.D.

Address Dunkirk Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55965